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**\*BIBDATASHEET\***

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<b>SERIAL NUMBER</b> 10/682,335	<b>FILING OR 371(c) DATE</b> 10/08/2003 <b>RULE</b>	<b>CLASS</b> 210	<b>GROUP ART UNIT</b> 1723	<b>ATTORNEY DOCKET NO.</b> 034299-000538
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**APPLICANTS**

Nikolai Jitariouk, Paris, FRANCE;  
 Alain Le Moel, Chaville, FRANCE;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/810,491 03/19/2001 PAT 6,649,058  
 which is a DIV of 09/331,728 08/16/1999 PAT 6,258,271 \*  
 which is a 371 of PCT/FR98/02310 10/28/1998  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

FRANCE 97 13567 10/29/1997

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 01/05/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

Robert E. Krebs  
 Thelen Reid & Priest LLP  
 P.O. Box 640640  
 San Jose, CA95164-0640

**TITLE**

Fluid treatment module having hollow membranes

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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